

Housing and Supportive Services

Flexible Funding – Request Form

This form is to be completed and submitted to the _____ CSB in order to request flexible funding provided by the Department of Behavioral Health and Developmental Services for people in the Settlement Agreement Population to live in their own home with supports. These funds shall be used to help individuals with a developmental disability, who meets the target population criteria outlined in the Settlement Agreement, secure their own rental housing and/or prevent the loss of their own rental housing. The flexible funds must be used in accordance to the Flexible Funding Guidelines.

Please submit completed forms to _____, at FAX () or through encrypted email to _____. If you have questions, please contact _____ at () or by email at _____.

***** You must submit a separate application for each individual *****

Case Manager/Support Coordinator's Contact Information

Name: _____

Title: _____

Organization: _____

Phone Number: _____

Email Address: _____

Signature

Date

Eligible Individual's Information

1. Eligible individual's full name: _____

2. Date of birth: Month: _____ Date: _____ Year: _____

3. Does the person have a DD diagnosis? ____ Yes ____ No

4. Please check any of the following that apply to the person listed above:

____ DD Waiver

____ Other*

____ DD Waiver waitlist

*Please Explain: _____

5. Current living setting: (e.g. training center, Community Intermediate Care Facility, Congregate Residential, Family home, own home, etc.): _____
6. Eligible individual's prospective address (Street Address, City, State & Zip): _____
7. What other resources have you attempted to secure for the individual (e.g., VHDA housing choice voucher, local PHA voucher, MFP, Dominion utility assistance vouchers, Medicaid Waiver, etc.)? _____
8. What other resources have you secured for the individual (e.g., VHDA housing choice voucher, local PHA voucher, MFP, Dominion utility assistance vouchers, Medicaid Waiver, etc.)? _____
9. Lease Date or anticipated lease date: _____

Flexible Funding Request

What type of Flexible Funding request is this (check one)?

- ☐ Request for Support to Obtain Housing
- ☐ Request for Support to Maintain Housing

Please check all funding categories that apply and include the amount(s) requested.

Requested Funding Category	Amount Requested
<i>Supports Needed to Obtain Housing</i>	
<input type="checkbox"/> Temporary Rental Assistance	
<input type="checkbox"/> Housing Transition Services and Supports	
<input type="checkbox"/> Non-Reimbursable Environmental Modifications	
<input type="checkbox"/> Non -Reimbursable Assistive Technology Improvements	
<input type="checkbox"/> Temporary Support Staffing <i>(Please provide a detailed description of how funds will be used below)</i>	
<input type="checkbox"/> Miscellaneous <i>(Please provide a detailed description of how funds will be used below)</i>	

Requested Funding Category	Amount Requested
<i>Supports Needed to Maintain Housing*</i>	
<input type="checkbox"/> Emergency Rent Payment & Associated Late Fees	
<input type="checkbox"/> Last Resort Utility Assistance	
<input type="checkbox"/> Household Management Activities	
<input type="checkbox"/> Unit Repairs	
<input type="checkbox"/> Temporary Relocation	
<input type="checkbox"/> Miscellaneous Tenant Support <i>(Please provide a detailed description of how funds will be used below)</i>	
TOTAL REQUEST	

* Support Coordinators may not seek, accept or retain Flexible Funding assistance from the CSB for amounts paid by the tenant or by a third party such as an insurance provider or another program that provides financial assistance.

10. Please provide a brief description of how you plan to use the requested flexible funding.

You must submit documentation for all program expenditures. Supporting documentation for requests related to obtaining housing must be submitted either with this funding request form, within 30 days of the date the individual signs a lease agreement or no later than 60 days after the date this funding request is approved. Supporting documentation for requests related to maintaining housing must be submitted either with this funding request form or no later than 60 days after the date this funding request is approved.

Supporting documentation for each funding category may include, but not be limited to, the items listed below.

Requests for Support to Obtain Housing

- 1. Temporary Rental Assistance** – Copy of an executed lease between the eligible individual and the landlord or property manager, a copy of an invoice for the environmental modification work showing paid in full and a letter from the Support Coordinator documenting the unique circumstances in which the temporary rental assistance is needed.

2. Housing Transition Services and Supports –

- a. security deposit- a copy of an executed lease between the eligible individual and the landlord or property manager documenting the security deposit amount request/expended;
 - b. utility connection fees and deposits- a copy of bill from utility company that reflects the connection fee amount and deposit required;
 - c. moving expenses- invoice from moving company showing that all expenses are paid in full; and
 - d. reasonable and essential fixture and furniture purchases- a copy of a store receipt that includes items purchased for individuals home.
 - e. Housing transition case management- A signed activity log that documents the activities completed to help an eligible individual transition into their own home or secure a roommate or a live-in aide. The Support Coordinator/Private Case Manager must also submit an invoice from the third party provider that itemizes all services being invoiced not to exceed the monthly rate of \$326.50 for up to two months.
- 3. Non-Reimbursable Environmental Modifications** – a copy of an invoice from environmental modification contractor that all documenting expenses are paid in full and/or a copy of a store receipt that includes equipment purchased for individuals home or vehicle and/or a bill from the owner/landlord of the property.
- 4. Non-Reimbursable Assistive Technology Improvements** – a copy of an invoice from assistive technology contractor documenting that all expenses are paid in full or a copy of a store receipt that includes equipment purchased and installed in individuals home.
- 5. Temporary Support Staffing** – a copy of an invoice from support services provider showing that all expenses are paid in full.

Requests for Support to Maintain Housing

In addition to this referral form and the supporting documentation listed below, Support Coordinators seeking assistance to help an individual avoid eviction and maintain housing must submit a Housing Stability Plan and Household Spending Plan to the CSB serving as the fiscal agent (see attached template).

- 1. **Emergency rent payment and associated late fees** - A copy of a Five Day Pay or Quit Notice from the landlord plus rent ledger showing total rent and fees owed.
- 2. **Last resort utility assistance** – A copy of a utility shutoff notice and bill itemizing service fees and late fees.
- 3. **Household management activities** – A copy of an invoice from a service contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment and supplies that were rented or purchased.

4. **Unit repairs** - A copy of an invoice from a repair contractor or the landlord showing all expenses are paid in full, or an itemized store receipt that includes equipment rented and supplies purchased.
5. **Temporary relocation** – A copy of an invoice from a hotel, motel, or other temporary residence showing dates of lodging, daily rate, total cost and total paid.
6. **Tenant support miscellaneous** – A copy of an invoice from a contractor or the landlord showing all DBHDS approved expenses are paid in full, an itemized store receipt that includes all DBHDS approved equipment and supplies that were rented or purchased, OR documentation requested by DBHDS as a condition of approving funds in this category.

CSB OFFICE USE ONLY: FUNDING ELIGIBILITY DETERMINATION

☐ APPROVE

☐ NOT APPROVED

Plan to Maintain Stable Housing

Individual's Name:

Address:

Phone Number:

Support Coordinator's Name:

Phone Number:

Email:

Landlord's Name:

Company Name:

Address:

Phone Number:

Email:

Maintenance After Hours Phone Number:

Email:

Prevention Planning

Here are the steps I will take to prevent a housing emergency:

- ☐ I will put \$_____ per month into an emergency rent fund (can be a checking/savings account, a fund held by family)
- ☐ I will pay my bills on time and review my household budget every month
- ☐ I will check with my landlord every three months to see if I am following the rules of my lease
- ☐ I will let my landlord know when something in my house needs to be repaired
- ☐ I will take good care of my apartment (vacuum the carpets, sweep/mop the floors, clean the sinks and toilets, dust, take out trash, etc.).
- ☐ I will keep the noise down so people can't hear what is happening in my house through the walls, floor or ceiling
- ☐ Other: _____
- ☐ Other: _____

Emergency Planning

1. What will I do if I do not have enough money to pay my rent or utilities this month (electric, gas, water, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

2. What will I do if I do not have enough money to pay for other things this month (such as food, transportation, phone, cable, laundry, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

3. What will I do if something in my apartment breaks and I have to move temporarily until it is fixed (e.g. a few days)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

4. What will I do if I get a letter from my landlord saying I have broken the rules of my lease and I have to fix the problem or move out in 30 days?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

5. What will I do if I get a letter saying my landlord will not renew my lease for another year?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

6. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

7. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL

A				
B				
C				

8. What will I do if _____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

HOUSEHOLD SPENDING PLAN

Indicate # of people in household:
Adults _____ Children _____

			<u>FLEXIBLE EXPENSES</u>	NOW	W/HOUSE
<u>NET MONTHLY INCOME</u>	NOW	W/HOUSE	Savings	_____	_____
Source 1	_____	_____	Groceries	_____	_____
Source 2	_____	_____	Lunch (work/school)	_____	_____
Other Income	_____	_____	Eating Out	_____	_____
Total Income [A]	_____	_____	Entertainment/Hobbies	_____	_____
			Laundry/Drycleaning	_____	_____
			Cleaning Supplies	_____	_____
<u>FIXED EXPENSES</u>	NOW	W/HOUSE	Clothing	_____	_____
Rent/Mortgage	_____	_____	Gasoline/Bus/Taxi	_____	_____
Electric	_____	_____	Newspaper/Magazines	_____	_____
Gas/Oil	_____	_____	Alcohol/Cigarettes	_____	_____
Water/Sewer	_____	_____	Church/Charity	_____	_____
Home Phone	_____	_____	Tuition/Books	_____	_____
Cell Phone	_____	_____	Barber/Beauty Shop	_____	_____
Internet service	_____	_____	Auto Maintenance	_____	_____
Trash pickup	_____	_____	House Maintenance	_____	_____
Cable	_____	_____	Doctor/Dentist	_____	_____
Medical Insurance	_____	_____	Pets	_____	_____
Auto Insurance	_____	_____	Parking/Tolls	_____	_____
Life Insurance	_____	_____	Lottery/Bingo	_____	_____
Renters Insurance	_____	_____	Lawn Care	_____	_____
Child Support/Alimony	_____	_____	Maintenance/Repairs	_____	_____
Child Care	_____	_____	Other	_____	_____
Homeowners Assoc. Fees	_____	_____	Total Flexible [D]	_____	_____
Other	_____	_____			
Total Fixed [B]	_____	_____	<u>EXPENSES</u>	NOW	W/HOUSE
			FIXED [B]	_____	_____
<u>DEBT PAYMENTS</u>	NOW	W/HOUSE	DEBT [C]	_____	_____
Installment Loans	_____	_____	FLEXIBLE [D]	_____	_____
Automobile Loan	_____	_____	TOTAL EXPENSES [E]	_____	_____
Credit Card Payments	_____	_____			
Credit Card Payments	_____	_____	Subtract Expenses from Income (A - E):		
Credit Card Payments	_____	_____	TOTAL INCOME (A)	_____	_____
Total Debt [C]	_____	_____	TOTAL EXPENSES (E)	_____	_____
			DIFFERENCE + or -	_____	_____

Note: If you have accounted for all your expenses, including savings, your difference should be \$0.00.

If you come up with a positive number, you may want to consider allocating the extra money toward your debt and/or savings.

If you come up with a negative number, you are spending more than you make. Review the budget thoroughly to examine where you can trim your expenses.

Applicant Signature _____

Applicant Signature _____

CERTIFICATION: I hereby certify that I have reviewed the above budget with the applicant(s) and concur that it is reasonable.

Lender or Counselor Signature: _____